

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
BUREAU OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 10: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J44925** (2)

1. Corporation Name
SOUTHSIDE 76, INC.

Principal Executive Officer: **% WALLY E. BROTHERTON**
575 - 45TH AVE S
ST. PETERSBURG FL 33705

Mailing Address: **% WALLY E. BROTHERTON**
575 - 45TH AVE S
ST. PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/21/1986** 3a. Date of Last Report: **04/22/1994**

4. FEI Number: **59-2833163** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

2. Principal Place of Business	2a. Mailing Address
21. State: FL	26. State: FL
22. City & State	27. City & State
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BROTHERTON, WALLY E. 575 - 45TH AVE S ST. PETERSBURG FL 33705		01. Name	
		02. Street Address (P.O. Box Number is Not Acceptable)	
		03. City	
		04. City	FL 05. Zip Code

11. Pursuant to the provisions of Sections 190.031 and 190.032, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of principal agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 190.031, Florida Statutes.

SIGNATURE: _____ Title: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME: PST BROTHERTON, WALLY E.	STREET ADDRESS: 875 S VILLAGE DR #103 ST. PETERSBURG FL	01. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: D ADAMSON, CHRIS	STREET ADDRESS: BUSINESS ROUTE 44 WAYNESVILLE MO	02. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	STREET ADDRESS:	03. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	STREET ADDRESS:	04. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	STREET ADDRESS:	05. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	STREET ADDRESS:	06. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	STREET ADDRESS:	07. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	STREET ADDRESS:	08. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare under penalty of perjury that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.031 and 190.032, Florida Statutes. I further certify that the information included in this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or in an attachment with an address.

SIGNATURE: *Wally E. Brotherton*
PRINTED OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 813 8962107